

FILED MAR 3 1942
Registration District No. 777

Primary Registration District No. 4462

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County... ST. FRANCIS

(b) City or town... Brunswick
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution...
Bonnie Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... 30 DAYS
(Specify whether years, months or days)

In this community... all of life

2. USUAL RESIDENCE OF DECEASED:

(a) State... Mo (b) County... St. Francois

(c) City or town... Brunswick Mo
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME E. E. S. MATKIN

3. (b) If veteran, name war _____

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24 year 1942 hour 10 minute 10 P.M.

21. I hereby certify that I attended the deceased from Jan 20 to Jan 24 1942
that I last saw him alive on Jan 24 1942
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced, Widower

6. (b) Name of husband or wife Deceased

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Jan 26 1861
(Month) (Day) (Year)

Immediate cause of death... Uremia

Due to... Bronchial Pneumonia

Other conditions... (Include pregnancy within 3 months of death)

Major findings: 107

Of autopsy _____

8. AGE: Years Months Days If less than one day

80 11 29 hr. min.

9. Birthplace Brunswick Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Gen. Trade

12. Name William Matkin

13. Birthplace East Warsaw
(City, town, or county) (State or foreign country)

14. Maiden name Emma

15. Birthplace East Warsaw
(City, town, or county) (State or foreign country)

16. (a) Informant Estelle Mae Matkin

(b) Address Brunswick Mo

17. (a) Burial (b) Date thereof 1-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brunswick

18. (a) Signature of funeral director Wm. H. Hill

(b) Address Brunswick Mo

19. (a) 1-31-42 (b) Byrchie S. Buhmester
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature E. Walker (M. D. or other) ✓

Address Brunswick Mo Date signed 1-26-42

Duration 1 week

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

JUL 9 7 1945

FILED
District Health Officer No. 242-214
District File Number 2-12-42
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed C. J. Hill
Licensed Embalmer No. 1852
P. O. Address Bismarck

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)
If this body is not embalmed, fact should be so stated above.